

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**PAYMENT ADVICES COVER SHEET**

in Accordance With 11 U.S.C. Sec. 521(a)(1)(B)(iv)

In re:

DIANA EUVINO

Case No. _____

Chapter: 7Debtor(s)
_____*Please Check the Appropriate Box.***For Debtor:**☐ Payment Advices are Attached.

- Number of Payment Advices Attached: _____
- Period Covered: _____ (If period covered is less than 60 days or 8 weeks, attach an explanation)
- Number of Employers From Whom Debtor Received Payment Advices During the 60 Days Prior to Filing the Bankruptcy Petition: _____

For Joint Debtor, if applicable:☐ Payment Advices are Attached.

- Number of Payment Advices Attached: _____
- Period Covered: _____ (If period covered is less than 60 days or 8 weeks, attach an explanation)
- Number of Employers From Whom Debtor Received Payment Advices During the 60 Days Prior to Filing the Bankruptcy Petition: _____

For Debtor:

- ☒ No Payment Advices are Attached (the debtor had no income from any employer during the 60 Days Prior to Filing the Bankruptcy Petition).
 1-Social Security Benefits
 2-1199 SEIU Funds Benefit and Pension
- ☐ No Payment Advices are Attached for Some Other Reason. (*Attach an explanation*)

For Joint Debtor, if applicable:

- ☐ No Payment Advices are Attached (the debtor had no income from any employer during the 60 Days Prior to Filing the Bankruptcy Petition).
- ☐ No Payment Advices are Attached for Some Other Reason. (*Attach an explanation*)

I declare under penalty of perjury that I have read this Payment Advices Cover Sheet and the attached payment advices, consisting of _____ sheets, numbered 1 through _____, and that they are true and correct to the best of my knowledge, information and belief.

Signature of Debtor: *Diana Euvino*Date: June 28, 2011

Signature of Joint Debtor: _____

Date: _____

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*** RRC 2011146 140257 HEBC46E0 7W5Z CIPQYAE PQAE (F-7W5) ***

SOCIAL SECURITY ADMINISTRATION

Date: May 26, 2011
Claim Number: 103-32-6011A

DIANA M EUVINO
199-04 17TH AVE
WHITESTONE NY 11357-3307

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2009, the full monthly
Social Security benefit before any deductions is.....\$ 897.90

We deduct \$96.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 801.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Date of Birth Information

The date of birth shown on our records is November 26, 1940.

There was no cost of living adjustment in Social Security benefits in December 2010. The benefit amount shown is current as of the date on this letter.

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National Benefit Fund • Health Care Employees Pension Fund
Greater New York Benefit Fund • Greater New York Pension Fund
Home Care Employees Benefit and Pension Funds • Home Health Aide Benefit Fund
BENEFITS ARE SUBJECT TO EACH FUND'S SUMMARY PLAN DESCRIPTION (SPD) AND THE DISCRETION OF THAT FUND
330 WEST 42ND STREET | NEW YORK, NY 10036-6977 | WWW.1199SEIUBENEFITS.ORG
FOR BENEFIT AND PENSION FUNDS (646) 473-9200 | FOR RETIREES (646) 473-8666 | FOR PROVIDERS (646) 473-7160

May 26, 2011

DIANE EUVINO
19904 17TH AVE
WHITESTONE, NY 11357-3307

Member ID#: 9011826803

Dear Sir/Madam:

Please be advised that Diane Euvino is receiving a lifetime benefit pension benefit.

The pension benefit became effective on 01/01/2005. The pensioner's gross monthly Straight Life pension benefit is \$559.00, which is inclusive of any subsequent increases approved by Trustees.

Should you have any questions or concerns, please contact us at (646) 473-8666.

Sincerely,

Quality Control Reviewer III
Retiree Service Center

Cc: Diane Euvino